## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

3247/NJ)

		CLAIMS A	S FILED .	- PART				SMALL E	NTITY		OTHER	THAN
Γ <del>.,</del>	OTAL CLAIMO		(Column	า 1)	(Column 2)			TYPE		OR		
TOTAL CLAIMS			1					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			( minus 20=		* D			X\$ 9=		OR	X\$18=	-
INDEPENDENT CLAIMS			( m	inus 3 =	* 0			X42=		OR	X84=	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+140=		1	+280=	
* If the difference in column 1 is less than				ero, enter	"0" in c	olumn 2		TOTAL		OR		746
CLAIMS AS AMENDED - PART II								IOIAL		OR	TOTAL	776
		(Column 1)		(Colur		(Column 3) SMALL			ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	×\$18=	
	Independent	*	Minus	***		=	ľ	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIP			PLE DEPENDENT CLA			ı	+140=		OR	+280=	
							L	TOTAL		4 '	TOTAL	
		<b></b>					F	DDIT. FEE	:"-	OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)	r					
AMENDMENT B		REMAINING APTÉR AMENDMENT		NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** /	·	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	=	Ī	X42=		OR	X84=	
	· ·	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		Ì	+140=		OR	+280=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE		, ,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING		HIGHE	ST		Г		ADDI-	ſ		ADDI-
		AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NDN	Total	*	Minus	**		=	T	X\$ 9=		OR	X\$18=	
NA I	Independent	* (	Minus	***		<b>z</b> ·	t	X42=		l	X84=	
_	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM		┢			OR	7,04=	
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+140=		OR	+280=	
•	the entry in colu	mn 1 is loce than th	e entry in col	mn 2 weite	"A" in aa!	imun 3						
**	f the "Highest Nu	mn 1 is less than th mber Previously Pa mber Previously Pa	id For" IN THIS	S SPACE is	less than	20, enter "20."	Al	TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE	